

January 4, 2021

RE: Progress of Vaccination Administration

Dear Local Public Health Officials and Vaccine Providers:

We hope you all were able to have some much-needed rest and relaxation over the long holiday weekend. The work you have put into protecting Iowans throughout the pandemic, and now with vaccine planning and distribution is nothing short of tremendous and does not go unnoticed.

We write to you today with a sense of urgency. While it's encouraging to see there are now Iowans in all 99 counties that have been vaccinated for COVID-19, we are not yet administering vaccines at the rate we had projected. The purpose for our outreach is to clarify how we can work together to achieve that goal.

As we continue to receive additional vaccine doses weekly from the federal government, it's increasingly important that we accelerate the vaccination of priority groups to keep pace. Otherwise, we're concerned that the amount of unused vaccine may grow if allocated amounts are not used in a timely manner. While we know valid reasons exist for delays in administering and reporting vaccine, we must also identify opportunities to expand vaccine administration within the current guidelines, if warranted, to meet our goal of vaccinating as many people as soon as possible, and ending the pandemic.

As you complete vaccinations for the highest risk health care personnel described in the [Phase 1A Recommendations](#) from the Infectious Disease Advisory Council (IDAC), please consider how to transition your focus on the remaining health care personnel eligible for vaccine. This will include other health care personnel not expressly identified in the IDAC recommendations, but still eligible under Phase 1A. These professionals may include direct care or personal attendants, laundry and food service, or transportation workers – many of whom are unregulated by the state but are critical to ensuring infrastructure remains online. Also, equal parts important to this prioritized group are health care personnel outside of hospital walls. This may include dentists, orthodontists, pharmacists, and others in health care-related professions who have direct contact with the public.

While we at the state level have allocated vaccine based on the best data sources available, we empower our local public health partners, who know their community's needs best, to ensure vaccine is distributed swiftly, within the boundaries of the priority group populations and with an eye on equity.

Once deployed, we call on you as vaccine providers to complete Phase 1A populations. We urge you to maintain flexibility in your approach and most simply put, vaccinate the highest number of willing individuals in as timely a manner as possible. And once Phase 1A is complete in your respective setting, please also consider the option to re-distribute vaccines to another provider, or consider declining all or portions of an allocation to allow IDPH the opportunity to allocate doses to other areas of need.

In addition, encouraging timely reporting in IRIS will help ensure we are using the most accurate data possible to make allocation decisions.

IDPH continues to work with IDAC to determine when and how best to implement Phase 1B. As IDAC recommendations are finalized, and when the Vaccine Shortage Order is updated to expand the list of eligible vaccine recipients, IDPH will distribute the information to you as soon as possible.

As you know, every dose administered is another positive step toward protecting lowans and regaining a sense of normalcy in our work and daily lives. You are critical partners in this herculean effort and we are immensely grateful for your commitment to timely vaccine administration.

Sincerely,



Kelly Garcia
Interim Director



Caitlin Pedati, MD, MPH
State Public Health Medical Director and Epidemiologist